



MAAC Full Council Meeting Summary of Meeting Minutes November 7, 2017

Introduction *(See the roll call document to review the Full Council attendance.)*

Gerd called the meeting to order and performed the roll call and declared that there was quorum.

Approval of Minutes from previous meetings

Gerd asked the Council if there were any changes to the minutes of the Full Council meeting of August 8, 2017. A correction to a reference to Natalie Kerber's name was requested. Gerd declared that the minutes stand approved with the correction.

Update from the Medicaid Director

Director Foxhoven addressed the Council and stated that DHS was unable to come to contract terms with AmeriHealth Caritas Iowa, Inc. (AmeriHealth) and AmeriHealth had decided to withdraw from the IA Health Link managed care program effective November 30, 2017.

A concern was expressed that AmeriHealth's case management reimbursement rates were higher than those paid by UnitedHealthcare and this may impact the availability of case managers. Mikki stated that UnitedHealthcare would continue to pay providers at the Medicaid base floor rate and maintain their service adequacy at those rates. Mikki reviewed the service oversight measures in place that are reviewed by the State to ensure member Level of Care is being met. Mikki advised that AmeriHealth will continue to have a provider call center for one year to process provider claims. She assured the Council that Amerigroup and UnitedHealthcare were meeting network adequacy standards; especially for the Long Term Services and Supports (LTSS) population, Senator Bolckcom indicated that the 30 day transition window that was allowed for AmeriHealth would present enormous hardship both for the 18,000 LTSS members and for UnitedHealthcare.

Concerns were raised regarding new provider tiered rates for members in the Waiver programs and the 30-day transition period, and it was requested that the implementation of new rates be delayed to afford providers more time to determine how to best apply the new rates to their business models. Mikki stated that the Department was directed by the Legislature to move forward with the implementation of the new tiered rates. Deb Johnson delineated the consultation process that had transpired and confirmed that provider groups, including the Iowa Association of Community Providers, were active partners over the last two years in establishing the new tiered rates. She added that the implementation process was to involve a three-part phase in period of July 2018 and July 2019 to allow providers ample time to make necessary adjustment to their businesses.

A question was asked about the Department's contingency plan to address the potential network adequacy issues that may arise from behavioral health care providers that contracted with AmeriHealth but not with UnitedHealthcare. The Department stated that they were working closely with UnitedHealthcare to expand their provider network and ensure network adequacy standards were met. The Department stated that there were plans to add an additional MCO in 2019 at the earliest and only after a readiness review has been completed with thoughtful consideration for the well-being of the affected population.

Mikki reviewed the outstanding action items in the Action Items document and gave a summary of activities involving secret shopper methods and metrics, provider reenrollment, Electronic Visit Verification (EVV), and the implementation of the new tiered rates.

Public Comment Listening Sessions Update

Lindsay Paulson gave a summary of the IA Health Link public comment listening sessions in Dubuque and Bettendorf. Lindsay informed the Council that the Des Moines meeting date and venue had changed to Tuesday, December 5, 2017, 5:00 p.m. -7:00 p.m. at the Des Moines Central Library, Meeting Rooms 1 and 2.

Quarterly Recommendations Discussion

Gerd reviewed the content of the Q4 State Fiscal Year (SFY) 2017 recommendations letter dated October 12, 2017, and advised that the Department's response would be shared with the Council when received.

Recommendations for Executive Committee Consideration

1. Understand the process at IME and monitor Level of Care is appropriate
2. Ensure availability of providers and standard rates in the mental health community subacute area
3. Monitor issues that may arise involving the LTSS transition process to UnitedHealthcare
4. Review issues with pediatric speech and hearing specialists for *hawk-i* with UnitedHealthcare
5. Advocacy and care needs of families in the area of care coordination for children with developmental delays (Tom Scholz letter)
6. Review the LTSS population transition in the next quarter and create a plan to ensure a seamless transition of LTSS population to UnitedHealthcare
7. Review the situations of LTC persons that have been in nursing homes
8. Review outstanding state plan amendments affected by the transition to UnitedHealthcare
9. Understand how IME will monitor efficient transfer of information from AmeriHealth to UnitedHealthcare in light of the size of the population being transitioned
10. Understand conflict-free case management within managed care
11. Understand the impact of potentially removing the LTSS population from managed care
12. Establish a better process for communication regarding transfer of information between the state, the MCOs, and case management agencies to assist members to prevent gaps in services
13. Establish clear definition of the term 'oversight' and identify roles that are involved in oversight

Long Term Care (LTC) Ombudsman Introduction and Overview on "How to be your Best Advocate"

Cindy Pederson introduced herself to the Council in her role as the new State LTC Ombudsman. She informed that their monthly report was available for download on the LTC Ombudsman Office website. Pam Hagel gave an overview of the "How to be your Best Advocate" document and stated that the document was available on the LTC Ombudsman Office website for download.

Future Agenda Item

- Cindy Pederson to present at a future Full Council meeting to address additional questions regarding the LTC Ombudsman Office's role in the IA Health Link managed care program.

Updates from the MCOs

a. Amerigroup Iowa, Inc.

Natalie Kerber gave a summary of recent and upcoming activities with Amerigroup including the upcoming Q4 meeting of their Stakeholder Advisory Board and their Medical Advisory Committee. She stated that they were restructuring and adding resources to their Provider Relations department.

b. AmeriHealth Caritas Iowa, Inc.

Cheryl Harding stated that after collaborative discussions with the State, the State and Amerigroup were not able to reach an agreement on terms for a new contract. She stated that AmeriHealth was satisfied with the services they had provided in Iowa and were working closely with the State and UnitedHealthcare to ensure a smooth transition. Senator Bolkcom questioned the decision to implement the transition within 30 days. Cheryl stated that a transition plan was in place that included the transfer of member information to DHS and from DHS to UnitedHealthcare.

c. UnitedHealthcare Plan of the River Valley, Inc.

Paige Petit stated that in light of the AmeriHealth transition, Waiver provider information was made available on the UnitedHealthcare provider website and there were provider advocates available to assist in navigating the website. She gave a summary of UnitedHealthcare activities in the State and provided an update on upcoming provider and member stakeholder meetings. She shared that Tri-State Independent Physician Association (IPA) in Dubuque had come to an agreement with UnitedHealthcare and UnitedHealthcare was working on an incentive program with Grand River Medical Group in Dubuque. She stated that UnitedHealthcare had come to an agreement with Quincy Medical Group which serves South East Iowa. The State, AmeriHealth, and UnitedHealthcare were working collaboratively to ensure the smooth transition of existing Case Management service plans and there was to be flexibility in consideration of existing Prior Authorizations for service plans, prescriptions, and other services as they were to be reviewed on a case-by-case basis.

Quarterly Data Report

Mikki provided a summary on the Quarterly Data Report. She provided data on Health Risk Assessment (HRA), LTSS population in home setting, claims data and expectation for claims payment, mental health care coordination, timely helpline services, secret shopper calls, value-added services, timely appeals process, and timely pharmacy authorization.

Open Comment

(Open comment opportunity for Members)

Flora Schmidt stated that the Council's should also consider positive outcomes of managed care such as the IME's effort in ensuring a smooth provider re-enrollment process and the AmeriHealth's initiative of ensuring that the member transition to UnitedHealthcare runs as seamless as possible.

Adjourn

3:53 P.M.